

## **EXHIBIT B**

|   |   |   |  |
|---|---|---|--|
| Department of the Treasury — Internal Revenue Service<br><b>Form 1040 U.S. Individual Income Tax Return 2000</b>  |   | (99) IRS use only — Do not write or staple in this space.   |  |
| For the year Jan 1-Dec 31, 2000, or other tax year beginning _____, 2000, ending _____, 20  |   |   |  |
| <b>Label</b><br>(See instructions.)<br><br><b>Use the IRS label.</b><br>Otherwise, please print or type.<br><br><b>Presidential Election Campaign</b><br>(See instructions.)  | Your First Name MI Last Name<br><b>Robert B Coplan</b>  |   | Your Social Security Number<br><b>REDACTED</b>   |
|   | If a Joint Return, Spouse's First Name MI Last Name<br><b>REDACTED</b>  |   | Spouse's Social Security Number<br><b>REDACTED</b>   |
|   | Home Address (number and street). If You Have a P.O. Box, See Instructions. Apartment No.<br><b>3011 Windy Knoll Court</b>  |   | <b>▲ Important! ▲</b><br>You must enter your social security number(s) above.                    |
| City, Town or Post Office. If You Have a Foreign Address, See Instructions. State ZIP Code<br><b>Rockville MD 20850</b>   |   |   |  |
| <b>► Note:</b> Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund?   |   |   |  |
|   |   | You <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             | Spouse <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       |
| <b>Filing Status</b><br><br>Check only one box.   | 1 <input type="checkbox"/> Single   |   |  |
|   | 2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income)   |   |  |
|   | 3 <input type="checkbox"/> Married filing separate return. Enter spouse's SSN above & full name here ...  |   |  |
|   | 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ... |   |  |
|   | 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ...). (See instructions.)  |   |  |
| <b>Exemptions</b>   | 6a <input checked="" type="checkbox"/> <b>Yourself.</b> If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a                     |   | No. of boxes checked on 6a and 6b ... <b>2</b>   |
|   | b <input checked="" type="checkbox"/> <b>Spouse</b>   |   | No. of your children on 6c who:  |
|   | c Dependents:   |   | 1 <input type="checkbox"/> lived with you  |
|   | (1) First name Last name<br><b>REDACTED</b>   |   | 2 <input type="checkbox"/> did not live with you due to divorce or separation (see instructions) |
|   | (2) Dependent's social security number<br><b>REDACTED</b>   |   | (3) Dependent's relationship to you<br><b>Daughter</b>   |
|   |   | (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions) | Dependents on 6c not entered above   |
|   |   |   | Add numbers entered on lines above ... <b>3</b>  |
|   |   | d Total number of exemptions claimed ...  |  |
| <b>Income</b><br><br>Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.<br><br>If you did not get a W-2, see instructions.<br><br>Enclose, but do not attach, any payment. Also, please use Form 1040-V. | 7 Wages, salaries, tips, etc. Attach Form(s) W-2  |   | 7  |
|   | 8a Taxable interest. Attach Schedule B if required  |   | 8a 18,869.   |
|   | b Tax-exempt interest. Do not include on line 8a  |   | 8b 195.  |
|   | 9 Ordinary dividends. Attach Schedule B if required   |   | 9 6,251.   |
|   | 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)  |   | 10 9,245.  |
|   | 11 Alimony received   |   | 11   |
|   | 12 Business income or (loss). Attach Schedule C or C-EZ   |   | 12   |
|   | 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ...   |   | 13 66,671.   |
|   | 14 Other gains or (losses). Attach Form 4797  |   | 14 21,716.   |
|   | 15a Total IRA distributions   |   | 15b Taxable amount (see instrs)  |
|   | 16a Total pensions & annuities  |   | 16b Taxable amount (see instrs)  |
|   | 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  |   | 17 266,000.  |
|   | 18 Farm income or (loss). Attach Schedule F   |   | 18   |
|   | 19 Unemployment compensation  |   | 19   |
|   | 20a Social security benefits  |   | 20b Taxable amount (see instrs)  |
| 21 Other income. List type & amount (see instrs)  |   | 21  |  |
| 22 Add the amounts in the far right column for lines 7 through 21. This is your total income  |   | 22 388,752.   |  |
| <b>Adjusted Gross Income</b>  | 23 IRA deduction (see instructions)   |   | 23   |
|   | 24 Student loan interest deduction (see instructions)   |   | 24   |
|   | 25 Medical savings account deduction. Attach Form 8853  |   | 25   |
|   | 26 Moving expenses. Attach Form 3903  |   | 26   |
|   | 27 One-half of self-employment tax. Attach Schedule SE  |   | 27 8,329.  |
|   | 28 Self-employed health insurance deduction (see instructions)  |   | 28 4,882.  |
|   | 29 Self-employed SEP, SIMPLE, and qualified plans   |   | 29 30,000.   |
|   | 30 Penalty on early withdrawal of savings   |   | 30   |
|   | 31a Alimony paid b Recipient's SSN  |   | 31a  |
|   | 32 Add lines 23 through 31a   |   | 32 43,211.   |
|   | 33 Subtract line 32 from line 22. This is your adjusted gross income  |   | 33 345,541.  |

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

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**REDACTED**

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**Tax and Credits****Standard Deduction for Most People**Single:  
\$4,400Head of household:  
\$6,450Married filing jointly or Qualifying widow(er):  
\$7,350Married filing separately:  
\$3,675

|     |   |     |          |
|-----|---|-----|----------|
| 34  | Amount from line 33 (adjusted gross income)   | 34  | 345,541. |
| 35a | Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here          | 35a |          |
| 35b | If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here  | 35b |          |
| 36  | Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see instructions to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent | 36  | 57,019.  |
| 37  | Subtract line 36 from line 34   | 37  | 288,522. |
| 38  | If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet in the instructions for the amount to enter   | 38  | 0.       |
| 39  | <b>Taxable income.</b> Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-  | 39  | 288,522. |
| 40  | <b>Tax</b> (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972  | 40  | 76,249.  |
| 41  | Alternative minimum tax. Attach Form 6251   | 41  | 0.       |
| 42  | Add lines 40 and 41   | 42  | 76,249.  |
| 43  | Foreign tax credit. Attach Form 1116 if required  | 43  | 2,653.   |
| 44  | Credit for child and dependent care expenses. Attach Form 2441  | 44  |          |
| 45  | Credit for the elderly or the disabled. Attach Schedule R   | 45  |          |
| 46  | Education credits. Attach Form 8863   | 46  |          |
| 47  | Child tax credit (see instructions)   | 47  |          |
| 48  | Adoption credit. Attach Form 8839   | 48  |          |
| 49  | Other. Check if from a <input checked="" type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)  | 49  | 687.     |
| 50  | Add lines 43 through 49. These are your total credits   | 50  | 3,340.   |
| 51  | Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-   | 51  | 72,909.  |
| 52  | Self-employment tax. Attach Schedule SE   | 52  | 16,657.  |
| 53  | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137   | 53  |          |
| 54  | Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required   | 54  |          |
| 55  | Advance earned income credit payments from Form(s) W-2  | 55  |          |
| 56  | Household employment taxes. Attach Schedule H   | 56  |          |
| 57  | Add lines 51-56. This is your total tax   | 57  | 89,566.  |

**Other Taxes****Payments**

If you have a qualifying child, attach Schedule EIC.

|     |   |     |         |
|-----|---|-----|---------|
| 58  | Federal income tax withheld from Forms W-2 and 1099   | 58  |         |
| 59  | 2000 estimated tax payments and amount applied from 1999 return   | 59  | 88,587. |
| 60a | <b>Earned income credit (EIC)</b>   | 60a |         |
| b   | Nontaxable earned income: amount and type   |     |         |
| 61  | Excess social security and RRTA tax withheld (see instrs)   | 61  |         |
| 62  | Additional child tax credit. Attach Form 8812   | 62  |         |
| 63  | Amount paid with request for extension to file (see instructions)                                       | 63  |         |
| 64  | Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 | 64  |         |
| 65  | Add lines 58, 59, 60a, and 61 through 64. These are your total payments                                 | 65  | 88,587. |

**Refund**

Have it directly deposited! See instructions and fill in 67b, 67c, and 67d.

|     |   |     |  |
|-----|---|-----|--|
| 66  | If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid | 66  |  |
| 67a | Amount of line 66 you want refunded to you  | 67a |  |
| b   | Routing number  | c   | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d   | Account number  |     |  |
| 68  | Amount of line 66 you want applied to your 2001 estimated tax                                   | 68  |  |

**Amount You Owe**

|    |   |    |      |
|----|---|----|------|
| 69 | If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see instructions | 69 | 979. |
| 70 | Estimated tax penalty. Also include on line 69  | 70 |      |

**Sign Here**

Joint return? See instructions.

Keep a copy for your records.

|  |         |                     |  |
|--|---------|---------------------|--|
| Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |         |                     |  |
| Your Signature   | Date    | Your Occupation     | Daytime Phone Number   |
| Robert B. Coplan   | 4/12/01 | Attorney            | 202-327-8707   |
| Spouse's Signature. If a Joint Return, Both Must Sign.   | Date    | Spouse's Occupation | May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  | 4/12/01 |                     |  |

**REDACTED****Paid Preparer's Use Only**

|  |      |   |                        |
|--|------|---|------------------------|
| Preparer's Signature   | Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN |
| Firm's Name (or yours if self-employed), Address, and ZIP Code | EIN  | Phone No.                                       |                        |